



**Division of Air Quality
New Source Review Section**

**Form 15b
Equipment Registration Form
for Generic Portable Equipment**

Contact Name _____

Company Name _____

Mailing Address _____

City, State, Zip _____

Use the following guidelines to complete the information requested on the back of this form.

Equipment types to list: crushers, screens, generators, asphalt batch plants, and concrete batch plants
(include all grandfathered equipment.)

Various associated support equipment such as conveyors, loaders, dozers, water pumps, water trucks, haul trucks, and service trucks do not need to be listed individually.

Applicable NSPS Subparts: ? Subpart OOO applies to non-metallic mineral processing facilities (i.e., crushing and screening operations). This regulation applies to all crushers and screens that were constructed, modified, or reconstructed[?] after August 31, 1983.

 ? Subpart I applies to hot mix asphalt facilities. This regulation applies to all asphalt batch plants that were constructed, modified, or reconstructed[?] after June 11, 1973.

 ? There are currently no applicable NSPS subparts for small generators or concrete batch plants.

? See 40 CFR 60 (Code of Federal Regulations, Title 40, Part 60) for definitions of construction, modification, and reconstruction.

Instructions

This form is used to register all portable equipment. Please provide the following information:

1. Name of person the Division of Air Quality (DAQ) should contact concerning this form.
2. Name and address of company.
3. Fill in the indicated information for each piece of equipment. If the equipment has not been inspected, started up, or tested, leave the dates blank. Attach additional sheets if needed.

Equipment Registration Form for Generic Portable Equipment

Form 15b (continued)

Equipment Type: _____	(Leave dates blank for actions that have not occurred.)
Make/Model _____	Initial Startup Date _____
Serial or ID # _____	Initial Inspection Date _____
Manufactured Date _____	Applicable NSPS Subpart _____
Design Capacity _____	NSPS Performance Test Date _____

Equipment Type: _____	(Leave dates blank for actions that have not occurred.)
Make/Model _____	Initial Startup Date _____
Serial or ID # _____	Initial Inspection Date _____
Manufactured Date _____	Applicable NSPS Subpart _____
Design Capacity _____	NSPS Performance Test Date _____

Equipment Type: _____	(Leave dates blank for actions that have not occurred.)
Make/Model _____	Initial Startup Date _____
Serial or ID # _____	Initial Inspection Date _____
Manufactured Date _____	Applicable NSPS Subpart _____
Design Capacity _____	NSPS Performance Test Date _____

Equipment Type: _____	(Leave dates blank for actions that have not occurred.)
Make/Model _____	Initial Startup Date _____
Serial or ID # _____	Initial Inspection Date _____
Manufactured Date _____	Applicable NSPS Subpart _____
Design Capacity _____	NSPS Performance Test Date _____

Equipment Type: _____	(Leave dates blank for actions that have not occurred.)
Make/Model _____	Initial Startup Date _____
Serial or ID # _____	Initial Inspection Date _____
Manufactured Date _____	Applicable NSPS Subpart _____
Design Capacity _____	NSPS Performance Test Date _____

Owner or operator representative:

Signature

Date

NOTE: Call the DAQ at **(801) 536-4000** if you have problems or questions when completing this form. Ask for a New Source Review engineer. We will be glad to help!